MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/816 336

APPLICANT(S)

10/11/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51		/				
2							52		/				
3				/			53		/				
4				/			54		/				
5				/			55		/				
6				/			56		/				
7				/			57		/				
8			/	/			58		/				
9				/			59		/				
10				/			60		/				
11				/			61						
12				/			62						
13			/				63						
14				/			64						
15				/			65						
16							66						
17				/			67						
18				/			68						
19				/			69						
20				/			70						
21				/			71						
22				/			72						
23				/			73						
24				/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47			/				97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.		↵		↵		↵	TOTAL IND.	4	↵		↵		↵
TOTAL DEP.		↵		↵		↵	TOTAL DEP.	56			↵		↵
TOTAL CLAIMS							TOTAL CLAIMS	60					